



**Case Management Provider Enrollment Process for
CHOICES Waiver and Community Training Services Participants**

The Department of Human Services, Division of Developmental Disabilities is collaborating with the Department of Social Services, Division of Medical Services, the State Medicaid Agency, to implement conflict-free case management to comply with new Home and Community Based Medicaid waiver regulations.

The following timeline will ensure qualified providers are able to participate in the initial rollout of the new conflict-free case management service:

Publication of Enrollment Process	December 10, 2015
Provider Letter of Intent to Enroll Due	December 30, 2015
Submission of Documentation Required through Provider Enrollment Process	February 15, 2016
State Review of Provider Qualifications of Providers	February 16, 2016 - April 1, 2016
Enrollment of Qualified Providers Begins	April 1, 2016
Estimated Transition to Conflict-free Case Management Begins	June 1, 2016
Continuous Qualified Provider Enrollment	Ongoing

All interested providers must submit a Letter of Intent to enroll as a qualified provider of conflict-free case management. The provider shall clearly define if their intent is to enroll for one, multiple, or all of the identified regions. The letter of intent must be received in the DDD by no later than 5:00 p.m. CST, December 30, 2015.

The Letter of Intent may be submitted to Colin Hutchison via email at Colin.Hutchison@state.sd.us. Please place the following text in the subject line of your email: "Letter of Intent for Provider Enrollment". Providers may also fax the letter of intent to 605-773-7562, attention Colin Hutchison.

A. Program Overview

1. The CHOICES Medicaid Waiver provides a wide array of services and supports to over 2,600 adults and children with ID/DD. These services and supports are authorized and provided via a Home and Community Based Services (HCBS) 1915(c) Medicaid Waiver, which is operated by the Department of Human Services/Division of Developmental Disabilities (DDD). Services available through the CHOICES Medicaid Waiver include:

- Case Management;
- Residential Habilitation;
- Day Habilitation;
- Prevocational Services;
- Supported Employment;
- Nursing;
- Other Medical/Equipment and Drugs; and
- Speech, Language, and Hearing.

CHOICES waiver services, when used in conjunction with non-waiver Medicaid services and other community-based services and natural supports, are designed to meet the varied needs of people with ID/DD and their families and assist participants to remain in the community of their choice.

2. Community Training Services (CTS) are state general funded services designed to assist individuals who require less intensive community supports or who are not eligible to receive CHOICES waiver services. CTS currently serves approximately 300 people. The three primary services provided under the CTS program are:

- Prevocational Training;
- Community Living Training; and
- Expanded follow along/support.

3. Case Managers for both the CHOICES and CTS programs work with adults and children who have an intellectual or developmental disability and their families to:

- Develop and implement person-centered planning including utilization of discovery and Person Centered Thinking (PCT) Tools in accordance with HCBS regulations;
- Assist individuals to lead the Person Centered Planning process in evaluating what is important to and for them;
- Evaluate what the individual needs in order to remain successful in the community;
- Link the individual to programs and supports that are needed or requested to meet their needs;
- Monitor the supports the individual receives to ensure they are meeting his/her needs; and
- Advocate for other services that will support the individual's success in the community.

Case Managers help coordinate services to meet medical, psychiatric, social, nutritional, educational, vocational, employment, housing, transportation, recreational, legal, and advocacy needs. Case managers provide support to individuals to actively engage in and direct the person centered plan development process.

The qualified provider's responsibilities are to recruit, hire, train and supervise case managers of CHOICES waiver and CTS participants. Federal regulations mandate providers of direct-support HCBS for the individual, or those who have an interest in or are employed by a provider of direct-support HCBS for the individual, must not also provide case management or develop the person-centered service plan in accordance with the new HCBS regulations. Describe how the qualified provider meets these qualifications and requirements.

Case Management Services will be reimbursed at a fixed rate per 15 minutes of \$12.33. The 15 minute fixed rate provides the total reimbursement for all direct and indirect costs incurred by the qualified provider in the course of providing one unit of Case Management Services. Based upon historical data, the rate was established anticipating each case manager will support on average 34 participants with 13 billable units per month. The initial contract for the provision of Case Management Services shall be one year. The State may, at its sole discretion, grant rate increases during all subsequent years in which the State elects to renew the contract. Rate increases will be calculated using the inflationary rate approved for community providers by the South Dakota State Legislature, unless the vendor and State mutually agree the inflationary rate cap is unrealistic or unfair.

B. Provider Qualifications

1. Any organization seeking certification by the department must provide:
 - a) A written statement requesting certification by the department;
 - b) A copy of the organization's policies that meet the requirements provided in Section C of this document;
 - c) A copy of the certificate from the South Dakota Office of the Secretary of State that documents that the profit or nonprofit entity is organized or recognized under the laws of the state of South Dakota; and
 - d) An original copy of the Certificate of Good Standing or an equivalent document from the South Dakota Secretary of State that is dated within one month of the written statement requesting certification by the department.
2. A qualified provider delivering case management services must meet the following criteria:
 - a) Have a signed provider agreement with the division;
 - b) Have a signed provider agreement with the Department of Social Services;
 - c) Employ case managers with a degree in the field of human services, social work, sociology, psychology, or related degree or related field experience; and
 - d) Be accredited or engaged in becoming accredited by the CQL-The Council on Quality and Leadership.

C. Provider Service Requirements

The service to be provided by the qualified provider will include the following activities and requirements. For each item, describe how this activity will be completed for the designated region(s) as shown in Attachment A – Regional Map.

1. Describe in detail the supervision of case managers and their access to supervisors and managers within the qualified provider.

2. Describe the training the case managers will receive from the qualified provider to carry out the following duties:
 - Development of the Individualized Support Plan (ISP) utilizing the state's Standardized ISP;
 - Promote and document participant involvement in the ISP monitoring process;
 - Documentation of team meeting and make sure scheduling facilitates participation of all members;
 - Observe, monitor, and document the implementation of the ISP at least quarterly;
 - Meet minimally, for one face-to-face visit per quarter with each participant;
 - Ensuring implementation and revisions of the ISP;
 - Review of critical incident reports;
 - Review of instances of Abuse/Neglect/Exploitation (ANE), participant health and safety or other pertinent information;
 - Submit monthly quality reports summarizing case management activities;
 - Assist participant in finding paid and unpaid natural supports;
 - Review and approve assessments conducted by the CSP;
 - Administer Inventory for Client and Agency Planning (ICAP);
 - Conduct Person Centered Planning;
 - Assist participant in selecting services and supports;
 - Assist participants to identify individual budgets;
 - Assess individual eligibility status and referring individuals to necessary eligibility resources;
 - Assist individuals to access integrated community employment;
 - Review Human Rights Committee (HRC)/Behavior Intervention Committee (BIC) findings to ensure due process has been afforded; and
 - Develop an emergency backup plan in the event the case manager is out of the office or is unavailable when the participant or their family is in need of case management services.
3. Describe the supervision the case managers will receive from the qualified provider in order to ensure the following duties are in compliance with state/federal regulations:
 - Applying Person Centered Planning to the development of every ISP;
 - Monitoring ISP at least quarterly to safeguard proper implementation of ISP;
 - Presenting ISP monitoring information to team members quarterly;
 - Coordinating activities regarding the implementation of the ISP;
 - Ensuring supports, including medication administration, are meeting the health needs, goals, preferences and desired employment outcomes of the individual;
 - Conducting onsite visits and ensuring the results are evaluated by team at least annually;
 - Determine frequency of onsite visits and evaluate annually by team and based upon acuity, medical needs, available natural supports, risk levels, and support needs;
 - Initiate and lead the referral process including transitions from institutional settings; and
 - Providing CTS participants the same case management supports, person-centered planning and monitoring.

D. Information Technology (IT) System Integration

Qualified providers must implement their own IT system capable of managing participant service records and demographics, invoicing/billing submittal/review, and State/Federal data reporting requirements

generating and submitting electronic claims for payment to South Dakota Medicaid management information system or the qualified provider must enter into an agreement with a clearinghouse that is capable of electronic claim submissions. The qualified provider shall grant the State access to all participant records maintained in their IT system.

The qualified provider's IT system will provide\accept the following standard HIPAA electronic transactions, at a minimum, with the South Dakota Medicaid Management Information System: 837 Health Care Claim and 835 Health Care Payment/Advice. These transactions will meet the requirements set out by the standard X12N Implementation Guides and the State of South Dakota Department of Social Services/Office of Medical Services HIPAA Transaction Standard Companion Guide.

The qualified provider's IT system shall migrate existing data from legacy state systems provided in a State standard format into the qualified provider's IT system. The qualified provider's IT system will be the operational case management system for the CHOICES waiver and CTS participants. The DDD is working to procure an IT system that will manage the CHOICES Medicaid waiver and CTS program. The qualified provider's IT system must be interoperable with other systems, including the ability to migrate data in a prescribed format into the new IT system.

Describe how the qualified provider will meet these requirements, including implementation timelines. If any foreseeable problems are expected with the IT system requirements describe how those problems will be addressed.

E. Provider Implementation Plan

This plan must clearly define:

- Region(s) the qualified provider is enrolling to provide case management services in; West, Central, Northeast, Southeast;
- How the qualified provider will support the entire region, including rural and remote locations, in which they are applying to become a provider of case management services; and
- Any requirements that cannot be met by the qualified provider.

This section should constitute the major portion of the enrollment and must minimally address the following:

- 1) A complete narrative of the qualified provider's assessment of the case management duties to be performed, the qualified provider's ability and approach, and the resources necessary to fulfill the requirements. This should demonstrate the qualified provider's understanding of the desired overall performance expectations;
- 2) The qualified provider shall describe any foreseeable issues that are anticipated to be encountered in implementing conflict free case management and how the qualified provider expects to mitigate/remediate those issues;
- 3) A description of the provider's approach to supporting self-directed services;
- 4) A description of the qualified provider's approach to utilization of person centered planning in accordance with the HCBS regulations in the delivery of services and supports for individuals with ID/DD. Provide a copy of any written policy or procedures;

- 5) A description of the qualified provider's approach in delivering case management services to support individuals' employment outcomes;
- 6) A description of the qualified provider's approach in delivering case management services to support individuals with co-occurring disorders; and
- 7) A description of the qualified provider's approach to resolving potential conflict between multiple providers of direct services.

F. Submission of Enrollment Documentation

Submit completed documentation to Colin Hutchison at the address below or electronically via email address listed.

Colin Hutchison
South Dakota Department of Human Services
3800 Hillview Properties Plaza, East Highway 34; c/o 500 East Capitol Avenue
Pierre, South Dakota 57501
Colin.Hutchison@state.sd.us